



State of Arizona
Department of Education

Tom Horne
Superintendent of
Public Instruction

SPED 03-30

MEMORANDUM

To: Special Education Directors

From: Lynn Busenbark, Ph.D.
Director of Program Support
Exceptional Student Services

Steve Mishlove
Director of Administration
Exceptional Student Services

Date: May 23, 2003

Subject: Appointment of the Deputy Associate Superintendent for Exceptional Student Services

We are pleased to announce that JoAnn Phillips has been appointed to the position of Deputy Associate Superintendent for the ESS division. JoAnn is currently the director of special education in the Scottsdale Unified School District. She will be joining ESS after completing her duties with the district.

JoAnn has served in many leadership roles in our State and will bring those skills and knowledge to the department to enhance our ability to help schools meet the needs of students with disabilities. Please join us in welcoming JoAnn to the Department of Education and Exceptional Student Services.

To enhance the quality of education for Deaf and Hard of Hearing students in the state who use educational interpreters, the State Board of Education is proposing rules to establish minimum qualifications for educational interpreters. Enclosed is a copy of the proposal. Please review this information and submit your comments no later than May 30, 2003 to Christy Farley at Cfarley@ade.az.gov.

The Department of Education has provided various opportunities to increase the skills of educational interpreters around the state. Additionally, support has been provided to make the Educational Interpreter Performance Assessment (EIPA) available as a tool to determine skills and provide feedback for training efforts. These efforts will be continued to support schools in meeting the proposed minimum qualifications.

Your support and comments regarding this proposal are greatly appreciated.

The Superintendent has organized a certification task force that will be making recommendations to the State Board of Education this summer. We are in need of approximately ten people representative of the state to work this summer on the necessary changes for special education certification. If you are or someone you know might be interested please fill out the attached application and email to Julie Gasaway jgasaw@ade.az.gov by July 30, 2003.

YOUR PARTICIPATION AND SUPPORT IS GREATLY APPRECIATED. **ARIZONA STATE
BOARD OF EDUCATION**

1535 West Jefferson, Bin 11
Phoenix, Arizona 85007
Phone: 602.542.5057
Fax: 602.542.3046

APPLICATION FOR CONSIDERATION FOR APPOINTMENT TO A
STATE BOARD ADVISORY COMMITTEE OR TASK FORCE

[] I am interested in serving on this task force sub-committee:

Education ___ Elementary ___ Middle School ___ High School ___ Special

 ___ English Acquisition ___ Reciprocity ___ Alternative Paths to Certification

 ___ **Other:**

[] I am not interested in serving on this advisory committee or task force at this time, but please keep my application on file for consideration in the future.

Date: _____ Name: _____

Address: _____

City: _____ State: _____ ZIP Code: _____

Phone: _____ Fax: _____

Email: _____
Fax []

Preferred Method of Contact: Email []

Current Employment Information:
(please include name of employer, dates of employment, title and a brief description of job duties)

Previous State Board Committee Involvement:
(please include the name of the Committee, dates served, and position if applicable)

Why are you interested in this position? What do you think best qualifies you for this position?:

Please describe any civic organizations or projects in which you have been involved that you believe to be relevant to the position for which you are being considered for appointment:

Voluntary Information:

This information is used solely for the purposes of ensuring committees are comprised of members reflecting the entire state of Arizona and its community.

Male ☐ ☐
Female ☐ ☐

Residence:
Rural ☐ ☐
Urban ☐ ☐

----- Office Use-----

Nominated By: _____

Date Considered for Appointment: _____

Initial Appointed: ☐ Yes ☐ No Reappointment: ☐ Yes ☐ No

Term Effective: _____ Term Expires: _____

Date Notified: _____